

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT PART VIII - MAINTENANCE AND MATERIEL DATA				REQUIREMENTS CONTROL SYMBOL CSOCS-309				
For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.								
1. AIRCRAFT HISTORY				2. CAUSATIVE ROLE	D Definite	S Suspected	U Unknown	
a. Hours Since New					a. Materiel			
b. Hours Since Last Major Repair					b. Maintenance			
c. Last Phase Inspection (YYYYMMDD)					c. Design			
d. Hours Flown Since Last Phase Inspection					d. Manufacture			
e. Organization Completing Last Phase Inspection (UIC)								
3. FAILED OR MALFUNCTIONED MATERIEL								
Identification	Major Component	Part	Identification	Major Component	Part			
a. Nomenclature			h. TAMMS Data					
b. Type, Design, Series			(1) No. of Overhauls					
c. Part Number			(2) Date of Last Overhaul (YYYYMMDD)					
d. NSN			(3) Hrs Since Overhaul					
e. MFG Code			(4) Hrs Since New					
f. Serial Number			(5) Hrs Since Last Installed					
g. TM Data			(6) Date Last Installed (YYYYMMDD)					
(1) TM Number			(7) Last Overhaul Facility					
(2) Date (YYYYMMDD)			(8) Last Special Insp (Type)					
(3) Functional Group			(9) Hrs Since Last Special Inspection					
(4) Figure Number			(10) Date of Last Spec Inspection (YYYYMMDD)					
(5) Item Number			i. Type/Mode of Failure/Malfunction					
			j. Cause of Failure/Malfunction					
			k. QDR/EIR Number					
4. WARNING SYSTEM AND INDICATION OF FAILURE/MALFUNCTION								
a. Status of Aircraft Warning System for This Part		<input type="checkbox"/> Operative <input type="checkbox"/> Inoperative <input type="checkbox"/> NA	b. Indications of Failure/Malfunction		<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> None			
c. Initial Indication of Failure/Malfunction		<input type="checkbox"/> (1) Vibration <input type="checkbox"/> (3) Attitude <input type="checkbox"/> (5) Odor <input type="checkbox"/> (7) Smoke or Fire <input type="checkbox"/> (9) Warning System <input type="checkbox"/> (2) Noise <input type="checkbox"/> (4) Inspection <input type="checkbox"/> (6) Fluid <input type="checkbox"/> (8) Other Personnel <input type="checkbox"/> (10) None/Other						
5. TEARDOWN ANALYSIS	a. Organization Performing				b. USACRC Control No.			
6. REMARKS (Use additional sheet if required)								
7. CASE NO.	a. Date (YYYYMMDD)	b. Time	c. Acft Serial No.		8. OTHER ACFT SERIAL NO.			